



THIS SPACE FOR OFFICE USE ONLY HAWAII STATE ETHICS COMMISSION

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STATE OF HAWALL STATE ETHICS COMMISSIO.

LOBBYIST REGISTRATION FORM

	(Type of FI	int Oleany/		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Mirikitani	Richard	K.	(808) 548-4811	
MAILING ADDRESS (Street)			FAX	
P. O. Box 898900			(808) 548-2975	
(City)	(State)	(Zip	Code)	
	•			
Mililani,	Hawaii	96	96789	
EMPLOYING ORGANIZATION (E	Fill in only if you are employed by a business en	which has been retained to Johny)	TELEPHONE	
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N/A				
MAILING ADDRESS (Street)			PAY	
MAILING ADDRESS (Street)			FAX	
/OIL A	(0.1)			
(City)	(State)	(∠ıp (Code)	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
CASTLE & COOKE WAIKOLOA, LLC		(808) 548-4811		
MAILING ADDRESS (Street)		FAX		
P. O. Box 898900		(808) 548-2975		
(City)	(State)	(Zip Code)		
Mililani,	Hawaii	96789		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE		
Harry A. Saunders, III		(808) 548-4811		
MAILING ADDRESS (Street)		FAX		
P. O. Box 898900		(808) 548-2975		
(City)	(State)	(Zip Code)		
Mililani,	Hawaii	96789		

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			

PART IV CERTIFICATION OF LOBBYIST

				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
			January 24, 2007	
(Signature of Lobbyist)			(Date)	
PART V AUTHORIZATION	TO LOBBY			
NAME		TITLE OF AUTHORIZI	NG OFFICER OR PERSON REPRESENTED	
Harry A. Saunders, III		President		
NAME OF ORGANIZATION (if application)	able)		TELEPHONE	
CASTLE & COOKE WAIKOLOA, LLC			(808) 548-4811	
MAILING ADDRESS (Street)			FAX	
P. O. BOX 898900			(808) 548-2975	
(City)	(State)		(Zip Code)	
Mililani,	Hawaii		96789-8900	
I hereby authorize the abo	ove - named person to en	gage in lobbying activiti	ies on behalf of the undersigned.	
500			January 24, 2007	
(Signature of Authorizing Officer or Person Represented)		sented)	(Date)	